

## DOCUMENTS NEEDED WITH YOUR CCAP APPLICATION

To process your application, staff of the Child Care Assistance Program (CCAP) need to know where your family lives and information about your family's work and/or school schedule. **If you have questions, please call CCAP at 703-449-8484.**

### **To Show Where You Live**

Send a copy of **one** of the items below.  
It must include your name and address:

#### **Dated within 30-60 days**

- √ Cable or satellite bill
- √ Electric, gas, water or trash bill
- √ Telephone bill from an installed phone  
(not a cell phone)
- √ Mortgage statement

**or**

#### **Dated with the current month**

- √ Medicaid card
- √ Lease
- √ Letter from a property manager (on  
company letterhead)

### **To Show That You Work and/or Go to School**

Your name (and, if applicable, your spouse's/partner's name) must be on these documents.

\* If you **work**, send your

√ Most recent pay stub (within 30 - 60 days).

\* If you go to **school** or are in a **training** program, send your

√ Current schedule from your school or training program.

If you **work and go to school**, you need to **send both** a

- √ pay stub and a
- √ current schedule.

## **DOCUMENTS REQUIRED**

You must attach the following documents before we can review your application.

- a copy of current pay stubs for all adult contributing household members (mother, father, step-parents, guardians, or others living together in a family unit in support of the children for whom care is requested); and
- a copy of a document which has your printed name and address, such as a lease or utility bill, to verify your residency.

## **RIGHTS OF APPLICANTS**

Anyone may apply for services. You do not have to have lived in the county or city for any specific length of time. There are no citizenship requirements for services.

You have the right to equal treatment regardless of race, color, religion, sex, national origin, or handicap.

You have the right to receive and complete an application on the day you request services. If you need help filling out the application, someone will assist you.

The process of determining eligibility must be explained to you.

The agency will decide on your application within 45 days. If this is impossible, you must be told why. The agency must write to you if you are not eligible or if there is a delay.

If you are determined eligible, you have a right for services to begin within 45 days after the agency gets your application.

You have a right to mandated services for which you meet eligibility requirements. Your right to optional services depends on meeting eligibility requirements and on whether or not the agency offers the services.

You have a right to see the information about you, which the agency has in your service record.

The agency may not release information about you without your written consent except for purposes directly connected with the administration of social service programs.

These rights are based on Federal and State laws, but there are certain exceptions. If you have any questions or want to see the information in your record, you should talk to your social worker about it.

## **RESPONSIBILITIES OF APPLICANTS**

You must give complete and accurate information needed for determining eligibility. The agency may have to ask you for such things as pay stubs or permission to contact agencies or individuals to get proof of your income. If you give incorrect information you could be prosecuted under the law.

You must notify the agency within 10 days of any changes, which could affect your eligibility for services.

You should understand that if the state pays part of your child care costs, a social worker from the Department of Human Development (DHD) will contact you to discuss other family needs and initiate case management services. If a case is opened for you family, a representative from DHD will contact you every three months. Failure to respond to these calls or letters will result in your case being closed and eligibility for services will be denied.

**FAIRFAX COUNTY OFFICE FOR CHILDREN  
COMMONWEALTH OF VIRGINIA: DEPARTMENT OF SOCIAL SERVICES**

# CHILD CARE ASSISTANCE PROGRAM SERVICE APPLICATION

Do you have a child in Head Start? Yes \_\_\_\_\_ No \_\_\_\_\_  
In SACC? (School Age Child Care) Yes \_\_\_\_\_ No \_\_\_\_\_

When	Where
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### CHILD CARE SCHEDULE NEEDED

(Circle those that apply and note days/hours care needed)

Full Time Before/After School Part Time \_\_\_\_\_

Full Time Before/After School Part Time \_\_\_\_\_

Full Time Before/After School Part Time \_\_\_\_\_

Full Time Before/After School Part Time

Full Time Before/After School Part Time

**NAMES, ADDRESSES AND INCOMES OF BOTH PARENTS OR CONTRIBUTING HOUSEHOLD MEMBERS MUST BE REPORTED. PLEASE COMPLETE ALL BLANKS AND ATTACH REQUIRED DOCUMENTS. (SEE REVERSE.)**

### FAMILY COMPOSITION INFORMATION

Home Phone \_\_\_\_\_

Birth Date \_\_\_\_\_

Work Phone \_\_\_\_\_ Hours \_\_\_\_\_ Days \_\_\_\_\_

Home Phone \_\_\_\_\_

Birth Date \_\_\_\_\_

Work Phone \_\_\_\_\_ Hours \_\_\_\_\_ Days \_\_\_\_\_

Marital Status:                    ☐ Married                    ☐ Single                    ☐ Divorced                    ☐ Legally Separated

Racial/Ethnic Background of Parents:      ( ) White    ( ) Black    ( ) Asian    ( ) Hispanic      ( ) Other  
   ( ) American Indian    ( ) Biracial                                ( ) Unknown

Family Size: \_\_\_\_\_ Number of Children in Care/Needing Care: \_\_\_\_\_

### HOUSEHOLD INCOME INFORMATION

**AMOUNT PER  
PAY PERIOD**

## HOW OFTEN

**MONTHLY  
GROSS**

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**TOTAL INCOME**

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\*If Child Support is due to you and not being paid, you must register and cooperate with the Division of Support Enforcement and report support received as a condition of child care eligibility.

I have read the reverse side of this application, understand my rights and responsibilities and have attached the required documents. I certify that this is a true and accurate statement of the financial status and composition of my household. I will notify the Office for Children (OFC) within 10 days if any of the above information changes. I understand that failure to inform OFC of any changes in status may jeopardize my family's eligibility for County child care services. Failure to pay fees or make adequate arrangements to pay back fees owed will result in ineligibility for services.

DATE \_\_\_\_\_

**FOR PROGRAM USE ONLY**

Monthly Gross Income \_\_\_\_\_ Family Size \_\_\_\_\_ # Children in Care \_\_\_\_\_ Total Family Fee \_\_\_\_\_ SMI Level \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ Document Date \_\_\_\_\_

**PLEASE SEE OTHER SIDE FOR INFORMATION ABOUT YOUR RIGHTS, RESPONSIBILITIES AND APPEAL RIGHTS.**

**DEPARTMENT OF FAMILY SERVICES**  
**Office for Children**  
**Child Care Assistance Program**  
**12011 Government Center Pkwy. – 8<sup>th</sup> Floor**  
**Fairfax, VA 22035**  
**703-449-8484 or TDD 703-324-3923**

**Dear Parents,**

**Please read this letter carefully.** It has information about your responsibilities as a parent in the Child Care Assistance Program, child day care fraud, and the consequences of providing false information. If you have questions, please call your Child Care Specialist or Eligibility Specialist at 703-449-8484.

**Welfare Fraud**

**Welfare fraud and child day care fraud are larceny. Fraud involving more than \$200 is a felony. In Virginia a person who purposely makes a false statement to get assistance or who knowingly fails to notify of a change in circumstances that could affect eligibility for assistance is guilty of larceny. If you are convicted of welfare or day care fraud, you can be punished according to State law.**

**Reporting Changes**

You must report all required changes to the Child Care Assistance Program within 10 days of when they occur. Talk to your Child Care Specialist or Eligibility Specialist if you are not sure whether to report a particular change. **You are required to report the following changes within 10 days:**

1. Change in home address or phone number
2. Change in household income
3. Change in employer
4. Change in work hours
5. Change in education/training activity, including class days/hours and curriculum
6. Parent/caretaker begins receiving child support payments
7. Change in the number of household members
8. Change in marital status (This includes cohabitation.)
9. A child receiving day care services reaches his/her 13<sup>th</sup> birthday
10. A child receiving full-time day care begins school and requires less than full-time care
11. Maternity leave (before and after a child is born)
12. Disability leave
13. Withdrawal of your child from child day care

**Repayment**

In addition to criminal punishment, anyone who causes the Child Care Assistance Program to make an incorrect payment to a provider by withholding information about any of the above changes will be required to repay the amount of the improper payment. Repayment will be in either a lump sum or according to a written repayment plan.

**By my signature below, I declare that I fully understand and agree to the above reporting requirements. If I give false, incorrect or incomplete information or do not report changes on time, I may be breaking the law and could be prosecuted for perjury, larceny or welfare fraud.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Care/Eligibility Specialist

\_\_\_\_\_  
Date

**Distribution: White – CCAP; Canary - Parent**

BASIC CLIENT DATA

I IDENTIFICATION DATA

CASE NAME: \_\_\_\_\_  
AKA: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  

☐ OWN    ☐ NEIGHBOR  
☐ OTHER \_\_\_\_\_

CROSS REFERENCES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS CHANGE

DATE	NEW ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

U.S. CITIZEN ☐ YES ☐ NO

REFERRAL SOURCE  
\_\_\_\_\_  
\_\_\_\_\_

ALIEN REGISTRATION NO. \_\_\_\_\_

II RELATED HOUSEHOLD MEMBERS (INCLUDING ABSENT SPOUSE)

FULL NAME	BIRTHDATE	BIRTHPLACE	HOW RELATED	M A R		SOC.SEC.#	M E D I	COMMENT
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

III NONRELATED HOUSEHOLD MEMBER

FULL NAME	AGE	MARITAL STATUS	COMMENT
1.			
2.			
3			
4			
5			